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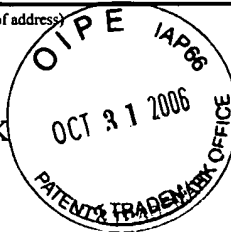
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08/08/2006

THE LAW FIRM OF HARRIS & BURDICK
 HAROLD BURDICK AND ROBERT HARRIS
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 BOULDER, CO 80301



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<u>Harold A. Burdick</u>	(Depositor's name)
<u>[Signature]</u>	(Signature)
<u>10/28/06</u>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/785,286

02/24/2004

Randolph Ware

11/01/2006 EHAILE2 00000040 10785286³⁸⁴⁴

TITLE OF INVENTION: PRECIPITATION EFFECTS MITIGATION AT ANTENNAE SYSTEMS

01 FC:2501

02 FC:1504

700.00 0P
300.00 0P

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$0	\$1000	11/08/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
PIHULIC, DANIEL T	3662	342-02600R

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Harold A. Burdick

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Radiometrics Corporation

Boulder, Colorado

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☐ Advance Order - # of Copies _____

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

☒ A check is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

[Signature]Date October 28, 2006Typed or printed name Harold A. BurdickRegistration No. 32,725

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